



**The United States Department of Agriculture
USDA Pathways Programs**

Extension Request

Recent Graduates and PMF's and their respective supervisors are required to submit an Extension Request Form to the USDA Pathways Programs Officer if the Pathways participant is requesting to remain in the program beyond the typical allotted time period.

Participant's Name: _____

Specific Pathways Program: _____

Agency: _____

Supervisor's Name: _____

Dates of Extension: **Begin** _____ **Ending** _____

Entrance on Duty Date: _____

Graduation Date: _____

USDA Pathways Programs Participant:

Reason for the Extension Request (please attach documentation to support your request and a copy of the USDA Pathways Programs Participation Agreement)

Supervisor: **Approved** _____

Supervisor Signature: _____ **Date:** _____

Supervisor Justification:

Pathways Participant Signature: _____ **Date:** _____

Human Resource Officer Acknowledgement: _____ **Date** _____

USDA Pathways Programs Officer: If this request is denied, please attach justification.

Approved _____ **Denied** _____

USDA Pathways Programs Officer Signature: _____ **Date** _____

